

34. *On the Bark of the Root of the Calotropis Mudarii.* By ANDREW DUNCAN, M. D.—This is the Mûdar of Drs. Ainslie and Wallich, and the Madâr of Mr. Playfair. In the native practice of India, the powder of the bark of the root, as well as the concrete juice of the plant, enters into various compound formulæ for the cure of elephantiasis and many other disorders. From experiments made by Dr. Duncan in the clinical wards of the Royal Infirmary, Edinburgh, it appears that its action is similar to that of ippecacuanha. In doses of from fifteen to twenty grains, it rarely failed to produce full and easy vomiting. In smaller doses, of from three, five, or seven grains, repeated three times a day, it produced more or less nausea, with occasional diaphoresis or sweating, and given in this way, it was most successful in cutaneous affections. Its sudorific action was much assisted by the tepid or warm bath; and in painful affections of a rheumatic nature, by combining it with opium, in the proportion of one grain of opium to five or seven of mudar. In still smaller doses mudar acts as an expectorant, or as a tonic and stomachic. Dr. D. has not observed it to act upon the bowels as a cathartic. The mudar plants and the allied species yield much milky juice, which, when carefully dried, is considered by the Hindoos as powerfully alterative and purgative, and has been long used as an efficacious remedy in the Lepra arabum, the dose being about the quarter of a pagoda weight in the day, and continued for some weeks.—*Ed. Med. and Surg. Journ. July, 1829.*

35. *Fescating Plaster.*—Dr. TH. W. C. MANTZUS recommends the following formula for this purpose. He says it spreads easily, adheres well, and does not spoil. R. Cantharid. contus.  $\mathfrak{z}\text{iv.}$ ; inf. c. aq. ebull.  $\mathfrak{z}\text{xx.}$ ; col. et evapor. leni igne ad syrupi consistentiam. Adde cer. flav.  $\mathfrak{z}\text{iv.}$ ; resin pini,  $\mathfrak{z}\text{j.}$ ; ol. oliv., ol. terebinth.  $\mathfrak{aa.}$   $\mathfrak{z}\text{j.}$ ; alcohol vini,  $\mathfrak{z}\text{ij.}$ ; M. exact.

The strength of this plaster may be increased by using a larger proportion of cantharides.—*Bull. des Sc. Med. May, 1829.*

#### PRACTICE OF MEDICINE.

36. *On the Utility of Camphor in Puerperal Mania.*—Dr. BENNET relates in the *Journal der Practischen Heilkunde* for November, 1828, several cases of puerperal mania in which camphor was found useful. In these cases there was great sexual propensities, or even positive nymphomania. Dr. B. had previously ascertained, he says, the inefficacy of the ordinary modes of cure, and the danger of narcotic medicines. He therefore resolved to try the effects of camphor, which appears to have been followed by the most favourable results. The camphor was used in injections in the quantity of about ten grains, or administered internally in doses of from one to four grains every hour, or less frequently, in proportion to the urgency of the symptoms.

37. *On the Means of Recovering Persons Drowned.*—In our first volume, p. 211. we noticed the experiments of M. Leroy d'Etiolles, in relation to artificial respiration. He has since presented a memoir on the subject to the Royal Academy of Medicine, which was referred to a committee, consisting of MM. Magendie and Dumeril, who reported on the 20th of April last. M. Leroy announced, "that air if forced into the trachea of certain animals, caused sudden death. The examiners confirmed this assertion. These facts are highly interesting, because many authors recommend inflation of the chest with the mouth, with the syringe, or bellows. The examiners agree with the author, that air forcibly blown into the lungs, will lacerate the delicate tissue of these organs, pass into the cavity of the pleura, press on the lungs and impede considerably the function of respiration. This is easily proved, by injecting air through an intercostal space, by a canula. The tissue of the lungs in dogs is dense, and hence these animals are less injured by insufflation than others. MM. Dumeril and Magendie

have shown by experiments on dead bodies, that the insufflation of air through a tube introduced by incision into the trachea, will rupture the tissue of the adult lungs, and the air will pass into the cavity of the pleura; with the infant, the lung is more dense, and opposes such resistance as not to be ruptured by insufflation. The reporters assert, that not more than two-thirds of the drowned persons, who were assisted during the last five years in Paris, were restored to life; and they think insufflation of air in the usual manner, is one of the causes of want of more success. They agree with the author, that the chest and lungs are passive during artificial respiration, but active in natural respiration; and hence the author proposes to imitate nature, by placing fine needles on the attachments of the diaphragm, and in passing a current of galvanism through that muscle to excite its contraction. By the action of the diaphragm, air will be introduced. The reporters are convinced of this fact, from experiments made on drowned animals, all of which were revived, if submersed under the period of five minutes duration. But they are not quite certain that the recovery was to be attributed to the galvanism; it may be possible, but it would be imprudent to affirm it. As a galvanic apparatus may not be always at hand, the author proposes a very simple proceeding, which consists in putting in action the elasticity of the ribs, their cartilages, and the parietes of the abdomen; in fact, in making moderate pressure on the abdomen and thorax. When the thoracic and abdominal cavities are compressed, the vitiated air of the lungs is expelled, the pressure ceasing, the ribs, diaphragm, and abdominal parietes return by their elasticity to their former situation, the chest is dilated, and air is inspired. By this manœuvre, the blood, stagnant in the vessels of the abdomen and chest, is put in motion towards the heart and lungs; the contractility of the diaphragm put in play, is excited, the convulsive contractions of this muscle become more regular and life reappears. By this method, and by heat and frictions to the abdomen, Maggioni of Padua, restored an infant that had been half an hour under water.

"This plan appears to the reporters likely to be employed with success, from the facility with which air is introduced into the lungs, and expelled from these organs. It is a powerful reason, which ought to render us very reserved in using insufflation of air in the lungs. The reporters, however, are of opinion, that unless persons be seized with syncope, who remain longer than five minutes under submersion, or be affected with syncope at the moment of submersion, recovery cannot be expected. They do not speak decisively on this point. They think insufflation of air, as practised by common people, highly dangerous. The reporters conclude thus: 1st, that it is desirable, that the ordinary treatment, and especially pulmonary insufflation, should undergo some modifications. 2d, that this insufflation, can in certain cases, be usefully replaced by the means proposed by M. Leroy, which require no medical knowledge, no particular apparatus, no loss of time, and are accompanied with no danger; and, finally, that this memoir is worthy of insertion among those of learned correspondents. The conclusions of the report have been adopted by the Academy. Dr. Bernard has offered some reflections on this memoir, and the report, in the public paper denominated *La Globe*, of the 25th of April. He asserts that the practice has been known a long time, and adopted more frequently than the reporters imagined. It was described by all writers of the last century, especially by De Haen, in 1771, and it was the common practice of the watermen of Paris, in 1772, by which they restored many drowned persons to life, sometimes after a quarter of an hour's submersion. M. Bertrand details the experience of a friend, of the highest veracity, who resuscitated dogs by this method, and also the human species."—*Lond. Méd. and Surg. Journal*, July, 1829, from *La Lancette Française*.

38. *On the Application of Lunar Caustic in the Early Stage of Angina.* By M. TOIRAC.—Cauterization by nitrate of silver, at the commencement of angina

tonsillaris, almost always, it is said, arrests the disease. M. T. relates the following cases from his extensive experience upon this subject:—

CASE I.—For several years M. Toirac himself had been liable to pain in the throat, of uncertain duration, which generally arose from cold, or some deviation from his ordinary habits. Rest, mild diet, and sometimes, but very rarely, leeches, were sufficient to remedy this complaint. But the disposition which always remained to a recurrence of the disease, subjected M. T. to many and tiresome precautions to prevent such repeated attacks. He determined to break through the morbid disposition of the parts; and for this purpose he had recourse to the caustic, which surpassed his expectations. When he first applied it, the right tonsil was tumefied, the palate was red and granulated. The velum pendulum palati presented the same appearances. Deglutition was difficult, and the uvula somewhat elongated, and marked with red streaks. The tongue was depressed, and each part which had the most florid appearance, and which was the most painful, was touched with the lunar caustic. In one hour every disagreeable sensation subsided.

Since this experiment, M. T. has always had recourse to the same treatment in similar cases, and it has invariably been successful. The application of the caustic to the mucous membrane lining the mouth gives no pain, although the copperish taste which follows is rather disagreeable, and sometimes produces nausea. The apprehension of increasing the inflammation by this mode of treatment, is entirely chimerical. The same observation, we are assured by M. T. will apply to cauterization by a hot iron. "I daily have recourse to it, (*le fer rouge*), for some particular affections of the gums: its application to the affected part produces scarcely any unpleasant sensation. Sometimes, indeed, the patient is almost unconscious of it, and is only aware of the operation from the hissing which results from the contact of a heated iron to a humid part!"

CASE II.—Mademoiselle A. G. had been frequently subject to sore throat. The same treatment was adopted with similar advantage. The tonsils were previously much enlarged, but afterwards they presented nearly a healthy appearance. Whenever she now experiences any precursory symptoms of her former malady, she has recourse to the argentum nitratum, and in a few minutes she is relieved from all inconvenience. It is proper to observe that this patient had frequently been submitted to the ordinary modes of treatment. Her neck was covered with numerous leech-bites. The slightest exposure to cold, particularly if her neck was uncovered, had always caused an attack of sore throat, to which she was, after the above treatment, not more disposed than the generality of people.

CASE III.—A young lady had, from five years of age, been frequently subject to affections of the throat. Her tonsils had sometimes been so much enlarged as to threaten suffocation. By the application of the nitr. argent. the malady disappeared, as if by enchantment.—*La Clinique*.

39. *Treatment of Herpes Zoster by Cauterization*.—More than ten years have elapsed since the idea occurred to M. Bretonneau, of arresting the progress of certain cutaneous affections by cauterizing them. The substitution of one species of inflammation for another, had the most happy results. Béclet, MM. Duménil, Guersent, and Serres, adopted and gave currency to this process, which, however, was nothing more than a new application of a very old practice.

During the variolous epidemic of 1825, the *ectrotic* practice, as it has been called, was warmly extolled, even to enthusiasm, and it was proposed to cure by this means, measles, scarlatina, erysipelas, &c. It will be seen by this, that nothing less was intended than to suppress the whole cutaneous pathology. We have not heard that the effects have answered to these expectations, and at this day, even in the wards of La Pitié, exanthematous, vesicular, and pustular affections, continue no less than formerly, to run their rounds and even to prove fatal.

It is proper to state, that the idea of M. Bretonneau, purged by time and experience from the exaggerations with which it had been overcharged, has borne its fruit; and that medicine has been enriched by a method as simple as it is advantageous, of interrupting the development of certain inflammations. Every one knows that *zona* is often accompanied with pains of extreme acuteness, which continue sometimes long after the falling off of the scales. These pains in many instances constitute a real inconvenience, as for example, when they occur in the breasts of women.

The authors of an estimable work upon cutaneous diseases, MM. Schedel and Cazenave, affirm that these occurrences are rare, and cite in support of their opinion that of M. Bielt, who, in more than five hundred cases of *zona*, has never met with one attended with dangerous symptoms. Whatever be the confidence inspired by such authorities, it cannot be denied that this disease sometimes develops itself with great violence, since the vesicular patches have been seen to become suddenly gangrenous. These authors maintain that *zona* gets well spontaneously, and terminate the history of the disease in the following words:—"Is there any necessity here of mentioning the application of the ectrotic practice? It appears to us at least useless in a disease which in the great majority of cases is very light and very simple."

M. de Beauvoys, a physician at Seiches, (Maine-et-Loire,) practices in a country where *zona*, under the name of *sangle*, creates a good deal of alarm, with those whom it attacks. The popular ideas relative to the nature and danger of this affection, doubtless contribute to render the expression of these symptoms exaggerated, especially among women. It becomes therefore of much importance to combat the cause of these inquietudes, and to put an end to them at once. These considerations have led to the employment of cauterization.—*Nouvelle Bibliothèque Médicale*, Jan. 1829.

40. *Tetanus cured by Bleeding*. By M. LISFRANC.—A man of about thirty years of age, after working very hard, experienced severe pains in the vertebral column: he was attacked by locked jaw, to which, in a few days, succeeded tetanus and emprosthotonos. In the course of nineteen days he was bled eight times from the arm: the four first bleedings were performed in the first two days, from three to four pallets each. In the same time, six hundred and eighty leeches were applied along the spine, two or three warm baths were administered, and every morning and evening a simple clyster, with an addition of twenty-five drops of laudanum, which were gradually increased to one hundred and five drops. The patient was cured. It is to be remarked, that notwithstanding the great loss of blood, the pulse continued both very full and very frequent. The man was so little weakened, that on the fourth day of his convalescence he was in a condition to walk.—*Revue Médicale*.

41. *Tannin in Menorrhagia*.—The *Revue Médicale* for September, 1828, contained some observations of Pata upon the good effects of tannin in the above disease. When these observations met the eye of M. Cavalier he was attending a young woman, thirty-three years of age, affected with hæmorrhage from the uterus, for the cure of which he had employed various means in vain. It must be observed, that this female had been subject, for many years, to a bleeding from the anus, which increased in winter and summer, but without deranging the course of the menstrual discharge. But after a violent affection of the mind, this bleeding became much worse, and a uterine hæmorrhage also took place. At length M. Cavalier prescribed the tannin, in doses of two grains every two hours. On the first day, some amendment was perceptible; on the second, the flux of blood from the anus ceased; and on the third, the menorrhagia was stopped, giving place to an abundant leucorrhœa, but this also diminished under the continued use of the same remedy, and the patient became convalescent. The same author also relates the case of a young girl of seventeen, who was affected with uterine hæmorrhage in consequence of using violent exercise dur-

most decided diminution of pain, he had increased the compression from time to time, by tying a handkerchief tight around the thigh, the knot being placed directly over the centre of the aneurism. Three days previous to his admission the pulsation of the tumour had totally ceased, and since that time he had experienced sensations in the limb precisely similar to those which he had felt after the operation on the opposite. He also complained most severely of a burning heat immediately under the skin, as if from boiling water, trickling down the foot and leg. The temperature of both feet was alike.

Under these circumstances, pressure was reapplied by Mr. Lyford, by means of a tourniquet and splint, and in the course of ten days, on removing the apparatus, all appearance of swelling had entirely vanished, and so had every vestige of the disease. The knee-joint was at this time capable of perfect flexion and extension, and the patient being able to walk without any support was discharged cured.—*Med. Chir. Rev. July, 1829, from Provincial Medical Gazette, No. 1.*

65. *Fracture of the Os Calcis.*—Mr. COSTANCE relates in the *Midland Medical and Surgical Reporter*, for May last, a case of this rare accident. It occurred in a woman aged fifty, who was thrown from the outside of a coach, by its overturning, and the ridge of the top of which fell upon her left heel. The os calcis was fractured, just below the insertion of the tendo-achillis, and the posterior portion was drawn up by the violent contraction of the gastrocnemii muscles, as high as five inches from its former position. Every attempt to replace or even to move this portion, was ineffectual. Notwithstanding the usual antiphlogistic means were sedulously employed, an extensive inflammation of the whole leg ensued, with sphacelation of the integuments, and sloughing of that part of the tendon, which was attached to the piece of bone, and also of the cellular substance all around it, exposing it distinctly to view. It was, however, so firmly attached to the parts beneath, that it could not be moved in any direction. Its upper surface exfoliated; "granulations by degrees filled up the surrounding parts, and the piece of bone was completely covered with new integument, at the end of four months from the accident. It was between four and five months before Mrs. D. could attempt to walk. The limb being much shortened, she was, at first, obliged to use a high-heeled shoe, but is now able to walk as well as ever, with a flat shoe, like the other, without pain, or any apparent lameness. The present, (Feb. 14th, 1829,) situation of the piece of bone is four and a half inches from its lower edge to the bottom of the heel; and a tape passed round the middle of it, over the two ankle bones, measures exactly eleven inches. The heel has now a sound and natural appearance, and feels like a soft cushion; the space which the fractured portion of bone formerly occupied being filled up with cellular substance. The new integument over the bone is thin and tender, and defended by a diachylon plaster, to prevent excoriation."

66. *Case of Strangulated Hernia, in which six inches of the Intestine were removed.* By JOHN SIMPSON, M. D. of Bath.—"A man, about sixty years of age, had long been troubled with a large inguinal hernia, which had frequently descended into the serotum. In the year 1816, four days before Dr. SIMPSON was sent for, it had come down, and could not be replaced; it then became strangulated. Various and judicious measures had been adopted by a gentleman in his neighbourhood, but it became necessary to perform an operation. On opening the sac, a large quantity of fluid escaped; omentum and intestine were contained in it, and both were in a state of mortification. The stricture, which was at the inner ring, was divided, and great relief thus given; but the parts were glued together by old adhesions, owing to which the bowel could not be returned. Next day, the symptoms continuing urgent, an incision was made along the protruded intestine, when a very large quantity of black feculent matter was discharged. The following day he was better; and the mortified parts, consisting of omentum,

and six or seven inches of intestine, supposed to be ileum, were removed with the knife: very little bleeding occurred. A pad was applied over the upper part of the wound, which was removed occasionally, so as to empty the bowels. In about three weeks some feces passed per rectum, and in a few months the artificial anus entirely healed." Four years after he was alive and well.—*Midland Medical and Surgical Reporter*.

67. *Extirpation of a Cancerous Parotidian Tumour, and Ligature of the Primitive Carotid Artery*.—This report was made to the Royal Academy of Medicine, by M. LARREY, upon a case of M. FOUILLOY, Second Surgeon of the Marine at Brest, Corresponding Member of the Academy.

A scirrhus tumour developed itself in the right parotid gland of a woman, who, after having supported it many years, at length decided, having reached her fifty-second year, upon getting rid of an evil which had been increasing for so long a time. In fact, at this period the tumour extended in a circular form from the temple to the ear, cheek, lower jaw, and one side of the neck, producing lancinating pains, preventing mastication, interfering with deglutition, and even with respiration. M. Foulloy having decided upon removing the tumour, believed it his duty first to put a ligature upon the primitive carotid artery, to prevent the hæmorrhage which might have supervened in the course of the operation. The skin, in which a transverse fold was first made, was consequently divided in the course of the internal side of the sterno-mastoides muscle; the cellular tissue which envelopes the artery was discovered, and the vessel itself isolated with all possible care; Deschamps' needle was passed behind it, conveying a ligature, which was tied without the occurrence of any accident, except that the face grew pale, and a momentary pain was felt. After stopping a few moments to allow the patient rest, M. Foulloy proceeded to extirpate the tumour. On the posterior margin of this, a semilunar incision was made, and carried down to the deep roots which existed between the ear and the lower jaw on the one part, and the transverse apophyses of the cervical vertebrae on the other; by turning it forward, it was then detached from the parotid gland and masseter muscle, in the substance of which it was implanted; it was only necessary to place one ligature upon a vessel, (the internal maxillary,) among all that were opened. An enormous and very irregular wound was the result of this operation, which was closed by three points of an interrupted suture passed into the angular flaps. No accident followed. The ligature of the carotid artery detached itself at the end of fifteen days, and in seventy-five the cure was complete.

M. Larrey bestows upon the operation of M. Foulloy, the just praises which it merits, and recommended that the account of it should be forwarded to the committee of publication. He, nevertheless, offered some observations relative to the principal circumstances connected with the case. In the first place, the ligature of the primitive carotid did not appear to him to be sufficiently demanded. The conduct of M. Foulloy, it is true, may be justified by many examples: a surgeon of Lyons performed it to aid in the removal of a portion of the lower jaw affected with osteo-sarcoma; a North American surgeon, in a similar case, has even tied without danger both the carotids; and lastly, an English surgeon has not hesitated to have recourse to this measure for the purpose of arresting a hæmorrhage proceeding from the extraction of a tooth. Nevertheless, M. Larrey thought, that in the operation performed by M. Foulloy, the placing of the ligature might have been very well dispensed with, which besides was not sufficient to prevent all the hæmorrhage, (because of the anastomoses existing between the branches of the carotid of the one side, and those of the opposite trunk,) since it was necessary to tie the internal maxillary artery; the successive pressure, or tying up of vessels as they may be divided, is quite sufficient to obviate all inconvenience, in proof of which Mr. Larrey referred to an operation of the same nature performed by himself and M. Ribes, without previously tying up the carotid. In the second place, M. Larrey be-

lieved, that in a similar case great advantage would result from operating upon the patient in his bed, instead of placing him upon a chair, as M. Fouilly did. In this way syncope, which occurs so frequently under such circumstances, may be better guarded against. M. Oudet observed, in relation to hæmorrhages occasioned by the extraction of teeth, that cauterization had never with him been sufficient to arrest them, and that compression appeared much preferable. M. Larrey replied, that cauterization never failed when made without timidity, and the red hot iron was well sunk, even to the very bottom of the socket. He cited three cases of dental hæmorrhagy, one of which caused the death of the patient. M. Duval had never seen a case of this kind, and these hæmorrhages have appeared to him easy to stop, either by plugging up the alveola, proper compression, or the simple application of the finger.

In an editorial note to this case, we read as follows:—"Called one day to a case of hæmorrhage from this source, which had lasted for twenty-four hours, and greatly exhausted the patient, (cold applications, astringents, plugging with wax introduced into the alveola, having been all used unsuccessfully,) I saw an immediate stoppage effected by the application of a small portion of agaric, kept on by pressure with the finger.—*Nouv. Bib. Méd. Jan. 1829.*

68. *Coxalgia treated by Mercury.*—Professor FRITZ of Prague, censures the use of moxas and cauterics in the diseases of the hip-joint, and affirms that the treatment which he employs is always successful when the complaint has not advanced beyond the second stage. Thirty patients have been cured by him in the space of from two to three months. His method consists in the employment of mercurial frictions and diet. In children, he applies to the diseased hip, by friction, three to five grains of double mercurial ointment; the next morning before breakfast, the child is placed in a tepid bath, after which it is placed in bed; in the afternoon, a cataplasm of bran or of peeled barley is applied to the joint. All stimulating drinks or articles of food are forbidden. If there occurs an augmentation in the secretions, the frictions are suspended. In the third stage of the disease, Dr. F. asserts that the best remedies are rest and cataplasms. The inflammation of the other articulations, Dr. F. treats in the same manner, and with similar success.—*Medic. Chirurg. Zeitung, 1828.*

69. *Prolapsus Ani.*—Dr. VON AMMON, of Dresden states two cases of *prolapsus ani*, which he effectually relieved by performing Dupuytren's operation of excising portions from the circumference of the prolapsed bowel, in such a manner as to form a star-shaped wound. The bowel being replaced, the contraction produced by the healing of these incisions effectually prevent the recurrence of the disease. His first patient was a stout young woman, who had suffered many years, having a prolapsus four or five inches long. The other was an old and miserably cachectic woman of sixty-five, having a prolapsus three inches in length. Her condition was exceedingly unpromising, yet the operation restored her to good health. Dr. Von Ammon justly concludes, that Dupuytren's operation for prolapsus ani deserves to be ranked among the most valuable improvements of modern surgery. Previous to the operation the bowels should be well evacuated, that the rectum may afterwards remain undisturbed as long as possible. When the patient feels inclined to go to stool after the operation, an emollient clyster should be premised, to prevent the wounds in the bowel from being distended by hardened feces. The sphincter ani and levator, which are generally exceedingly feeble and torpid in cases of prolapsus, soon regain their tone after this operation.—*Annalen der Ges. Heilk. March, 1829.* J. D. G.

70. *Enlarged Scrotum Successfully Removed.* By E. BARCONE, Esq.—In our second volume, p. 110, will be found an account of a large tumour of the scrotum, successfully removed by Dr. Wells, of Maracaybo; the *London Medical and Physical Journal*, for April last, contains a notice of a tumour of the same

part, of still greater size, successfully extirpated by Mr Bareome, of Georgetown, Demerara. A negro man, aged twenty-eight, muscular, by occupation a tailor and in enjoyment of good health till within the last four years, was much exposed for several weeks, while on militia duty, "at which time the right leg became painful, and swelled as high as the knee; soon after, the scrotum became similarly affected, and has increased to the present size. During this period he has been subject to occasional attacks of intermittent fever.

"Tumour broad at the bottom, and suspended by a narrow neck from the pubis; exterior covered with rugæ of different dimensions. Extremity of the prepuce has the appearance of a navel, from which the urine trickles. Does not evince any pain or suffering of any kind on exercising pressure; only inconvenience from its weight and bulk, which prevents his walking or leaving his house.

"*Operation.*—Avoiding the corpora cavernosa, two oblique incisions were made, commencing at the opening of the prepuce, and continued along the sides of the tumour, meeting below the testes. The dissection was continued to the tunica vaginalis, on cutting into which, a large quantity of limpid fluid (twenty-five ounces) escaped from the left side. The left testis was found to be scirrhus, and was removed in the usual manner. The spermatic vein and artery were the only vessels necessary to be secured during the operation, at which but little blood was lost. The integuments spared by the scalpel were drawn over the parts exposed, and held together by means of stiches and adhesive plaster, assisted by a bandage.

"The tumour, on examination after its removal, was found little vascular, and appeared to be composed of a bacon-like substance, intermixed with hydatids. Weight, twenty-five pounds.

"July.—Twenty-six days after the operation, the parts were healed, and the patient is now able to walk about and attend to his business."

71. *Case of Amputation of the Lower Jaw.*—Dr. ANDERSON relates in the fifth number of the *Glasgow Medical Journal*, a very interesting case of this description. As we have not yet received the number of the Journal which contains the account of the operation, we derive the following notice of it principally from the *Medico-Chirurgical Review*, for April last. A female aged thirty-seven, was admitted into the Glasgow Infirmary, in 1823, "for a fungus of the antrum of the left side, which began two years before, after a long-continued tooth-ache. Dr. Anderson destroyed the fungus by exposing the anterior wall of the antrum, removing the whole of it, scooping out the fungus partly with the finger and partly with a lithotomy scoop, and burning the whole diseased surface with the actual cautery. A good part of the wound was healed by the first intention; but, owing to an attack of erysipelas, it required some time and country air to effect the complete cicatrization. During more than five years Dr. Anderson occasionally continued to visit this woman, during which time she suffered much from rheumatism, and broke the neck of the left femur, but had no return of the fungus in the antrum. In April last she complained of tooth-ache in the lower jaw, and a loose molar tooth was extracted, soon after which a fungus appeared in that situation. On the 5th of last September, Dr. A. saw the tumour, but did not feel warranted in operating on account of the state of her health, and the suspicion that the fracture of the femur had arisen from a malignant diathesis throughout the body. On the 23d of October, at the patient's request that something should be done, on account of the repeated hæmorrhages, Dr. A. advised a consultation with his colleagues of the Infirmary. At this time, a firm spongy tumour occupied the left side of the inferior maxillary bone, from the symphysis backwards to the angle. It felt soft and elastic—its upper surface was flat; sloughy, and indented by the teeth of the upper jaw—it pervaded the whole thickness of the bone; projecting below it towards the neck, where several small glands were felt enlarged, and above pressing inwards on the tongue, and outwards on the face—the grinders on this side



were carious, and the whole of the incisor teeth loose—a thin fetid fluid constantly oozed from the mouth—and hæmorrhage had repeatedly occurred to such an extent as to induce syncope. The tumour was occasionally affected with gnawing pain, which extended to the head; the countenance was sallow, the pulse 110 and small, the appetite bad, and the strength much reduced."

It having been decided, in consultation, to operate, the operation was performed on the 30th of October, in the presence of Professor Burns, Drs. Young, MacLachlan, and Auchincloss, Messrs. Weir, Cowan, Candlish, &c. in the following manner:—

"The ascending plate of the bone was felt to be sound beyond the tumour, and the operation was commenced with the intention of applying the saw a little above the angle on the left side, and at the canine tooth on the right side, by which it was expected that the whole of the diseased structure should be removed. Having seated her on a chair, I began by extracting the right canine tooth; but in doing this, the socket yielded so as to excite a fear that it was unsound, and I determined to include also the two anterior molars. The first incision extended from the angle of the mouth to the lobe of the left ear. The knife was carried through the masseter muscle, which was speedily detached from the bone, and the whole substance of the cheek being dissected from the anterior surface of the tumour, and from the chin, was turned downwards on the neck. A small straight saw, rounded off at the point, was now applied immediately posterior to the second grinder on the right side. When the bone had been about half divided in this way, it was snapped across with the forceps recommended by Mr. Liston. The same process was practised above the angle on the left side, and the bone, having the tumour attached to it, was then removed. Here I expected to have finished the operation; but on examining the anterior section of the bone, it was discovered, that notwithstanding the apparent soundness of its outer shell, the medullary cavity was filled with the same fungous growth with that which had protruded on the left side. A further exposure of the jaw, therefore, became necessary, and this was effected by detaching the cheek as far as the right angle, without any new external incision.

"It now became obvious, that although there was no fungous protrusion on this side, there was even more extensive disease than on the opposite, and the necessity for extirpating the whole was a duty equally unexpected and imperative.

"The previous removal of the bone on the left, permitted so much retraction of the cheek on the right side, that I at first attempted to complete the operation at the joint, from within the mouth; and in this, I believe I could have succeeded, having no occasion here to apply the saw. But expedition became a most important object; and I therefore divided the cheek as on the left side, from the angle of the mouth, as far *dextral* as the masseter muscle. Having detached this muscle from the bone, I experienced some of the difficulty described by others, in separating the insertion of the temporal muscle from the coronoid process. In effecting this, and endeavouring to open the joint anteriorly, by depressing the divided end of the bone, it broke across at the neck, immediately below the articular process. I proceeded to divide the pterygoidæ, and other muscles, towards the pharynx and mouth, by carrying the knife forwards in close contact with the inner surface of the bone, until the whole was removed. Having accomplished this, and finding that the fracture below the condyloid process had proceeded from diseased softening; I laid hold of the small portion that remained with a pair of tooth forceps. Along these I carried the scalpel, with which the capsular ligament of the joint was opened, and the head of the bone extracted. The whole of the lower jaw was thus removed, except that portion of the ascending plate, with its processes, measuring an inch and a half, which remained above the application of the saw on the left side. This, on examination, was found to be the only sound part, and even here the nerve was afterwards discovered by the microscope to be more pulpy than usual. The bony structure was quite destroyed where the tumour had

protruded on the left side. Throughout the whole of the right side, even to the joint, the bone was uniformly enlarged, and contained the same spongy substance as had been observed at the first section with the saw; no part, therefore, was unnecessarily removed.

"The hæmorrhage from this operation was less than I had anticipated, being more from the general vascular surface than from the division of important vessels. About a pound of blood was lost, and only two ligatures were found necessary. But the previous debility, and the urgent symptoms during the operation, were calculated to excite very serious alarm. She became excessively restless, alternately vomiting the blood which she had swallowed, and appearing about to suffocate from some obstruction about the larynx, probably similar to that which occurred to Professor Lallemand, viz. a reversion of the tongue from the contraction of the divided muscles, for which he was obliged to perform tracheotomy.

"The wound, which had a hideous aspect, was quickly closed, by hare-lip needles at the angles of the mouth, and stitches and plasters towards the ears. Dossils of lint were inserted on each side of the tongue, and the whole was supported from without by a compress and bandage. The pulse was feeble, but distinct; the dyspnœa subsided. She had fifty drops of laudanum in brandy and water, through an œsophagus tube, and was put to bed."

"On the fifth day after the operation this large wound had completely united except at a single point, from which the discharge of pus did not exceed a drop at each dressing. On the evening of the twelfth day she complained of pain at the upper part of the sternum, which returned several times next day with a feeble pulse, cold skin, and dyspnœa. She gradually sank, and died at 8, P. M. on the thirteenth day after the performance of the operation.

"On dissection, the union of the wound was found to be deep and complete, except at one spot, the size of a split pea, near the lobe of the left ear. The left antrum, from which the fungus had been formerly removed, was nearly three times its natural size, and contained about an ounce of yellow transparent fluid. It had no communication with the mouth—was lined with a firm, smooth, shining membrane—the anterior and upper walls were nearly an inch thick, but very soft; but towards the palate they were thin and almost cartilaginous. A fracture existed at the neck of the left femur, within the capsule, which had united by cartilage, without much shortening. In the upper part of the right side of the thorax there were found about eight ounces of sero-purulent effusion, whilst below these were firm adhesions between the lung, the pleura costalis, and the diaphragm."

72. *Removal of Nævi.*—"A child, about three months old, was brought to Mr. BROWN on the 13th of February, with two nævi on the scalp. One about the size of a nut, was situated on the left side, a little anterior to the coronal suture; the other, rather larger, was placed further back, and over the median lobe, apparently at or near the fontanella. The first presented a sort of superficial scab, the traces of vaccination unsuccessfully applied by Dr. Locock; the other bore no such mark. The child was transferred to the operating theatre, and the following proceeding was adopted by Mr. Brodie:—A hare-lip pin was passed transversely through, or, more properly speaking, *under* the base of the larger nævus, so that either end of the pin projected beyond the margin of the tumour, for a quarter of an inch or more on each side. The pin being held in this position, a straight needle, armed with a double ligature, was then passed under the base of the nævus, and under the pin, which it crossed exactly at a right angle. The needle was drawn through, and cut from the ligatures, which were allowed to remain. The two silk threads were next separated, the one drawn to one side, the other to the other, and each tied tightly under each extremity of the hare-lip pin, the point of which had been withdrawn. The ligatures being thus firmly drawn, just as they are in the operation for piles, constricted and strangled the base of the nævus. The ligatures were once or twice

twisted round and round under the hare-lip pin, in order that the constriction might be perfect, when, after the pin had been included, (to prevent its slipping,) in one of the knots, the ends were cut close. The same proceeding was adopted with the smaller nœvus, and the infant consigned to its mother, who carried it home. The pain was, of course, severe, but the child did not seem to suffer in any extraordinary degree.

"Mr. Brodie, in the course of some observations to the pupils, stated the mode in which he is accustomed to treat with success the maculæ or spots in children, arising from enlargement of the minuter vessels, without tumour. Selecting the largest of these little vessels, he punctures it with a lancet, and gently touches the puncture with the caustic potash, scraped into as fine a point as possible. Vinegar is immediately applied to stop the penetrating action of the alkaline caustic, and prevent the formation of a scar; which, indeed, would be full as bad as the disease. These cases, Mr. Brodie observed, seldom came under treatment except in the higher ranks, where personal appearance forms such a permanent object of attention."—*London Medical and Surgical Journal*, April, 1829.

73. *On Excision of Carious Joints.* By JAMES SYME, Esq. of Edinburgh.—Mr. Syme is of opinion that the best mode of destroying carious bone is excision, since more can be done by the gouge or cutting pliers in a few seconds, than by the actual cautery in as many weeks or months. In performing the operation, the surgeon ought to expose the bone very freely, and pursue his excision until he feels that he is cutting in sound bone. It is usual to apply the actual cautery after the diseased bone has been cut away; but this proceeding, Mr. S. says, is very objectionable; at least another scrape with the gouge would be ten times more effectual; and if it is all taken away, as it may and ought to be, what can be more preposterous than irritating anew a weak bone, thereby exposing it to the danger of a relapse? When the large joints are carious, it is much better to remove the articulating extremities entire, instead of attempting to cut away the diseased surface piece-meal, which in most cases, indeed, would be impossible.

In performing the excision of joints, it ought to be remembered that caries does not affect the bone deeply; and, therefore, that while the surgeon ought most carefully to avoid leaving any of the diseased *surface*, he should give himself little concern as to the thickness of bone which he removes. There is always much effusion of new bone for some distance, generally several inches round the carious portion, and the alteration of appearance thus induced is frequently mistaken for a morbid one. It is no more morbid, Mr. S. says, than the callus which unites a fracture, and ought, therefore, to be carefully distinguished. The surface presented by caries, is excavated, rough, and spicular, such as would result from burning a cellular bone, and then laying open its internal structure. The surface of effused bone, on the contrary, is convex and smooth; it looks as if the ossific matter had exuded in a fluid state and congealed into drops; so that while the carious part resembles a piece of sugar partially dissolved by water, the surrounding effusion of new bone has the appearance of sugar partially melted by heat.

"The excision of joints is usually regarded as a fearful operation, difficult, painful, and dangerous; the slightest wounds of healthy joints being known to be frequently productive of the greatest mischief, and hence the proposal to cut them out altogether seems equally rash and frightful. But it ought to be recollected, in the first place, that all the structure which excites so much disturbance by its inflammation, viz. the synovial apparatus, is removed when the joint is excised; and, secondly, that in cases requiring excision this structure does not exist, being destroyed by the previous disease. Carious joints, therefore, may be cut into with the same impunity as ordinary abscesses, and cut out with no more danger than what attends amputation, or rather not so much, since the balance of action will be less disturbed, *exterioribus*, when the limb is allowed to re-

main. As to the additional trouble and pain which unquestionably attend excision, they ought surely not to be grudged in consideration of saving a limb." Of all joints those which may be excised with most ease to the surgeon and benefit to the patient, are the shoulder and elbow.

Mr. S. published some time since two cases of the former, and he relates in the *Edinburgh Medical and Surgical Journal*, for April last, three instances in which he has performed the latter operation with success. We transcribe one of the cases. A ship-carpenter, aged forty-one, "somewhat more than a year ago, began to observe occasional wandering pain in the left elbow, together with some stiffness of the joint, but was not rendered unable to use the limb until between two and three months ago, when the swelling and pain became excessive, with violent disturbance of the whole system. The fever subsided, but the joint remained swollen still and very painful. An abscess was opened by the knife, and other apertures appeared spontaneously, which did not heal. In this state he applied to me on the 1st of January. On introducing the probe through more than one of the openings which have been mentioned, I readily passed it through the joint, grating against carious bones. I proposed excision, and meeting with the patient's ready consent, performed it on Sunday the 3d.

"Having placed the patient on a table with his face downwards, so as to present the elbow conveniently, I made two square flaps. Finding that the ulna was diseased quite down to the coronoid process, I sawed off the olecranon merely, and then cut away with the pliers whatever other parts required removal; by which mode of procedure, the obstacle afforded by the attachment of the *brachialis internus*, which proved so troublesome in the second case, was avoided. I then detached the head of the radius, which was completely carious over its whole articular surface, and removed the extremity of the humerus with the saw; but finding that the disease did not seem to be eradicated at the ulnar tuberosity, I cut away both it and the radial one, so as to leave no room for anxiety or doubt. No ligatures being required, I inserted five or six stitches, so as to keep the cut edges in contact, then applied some folds of ead-dis, and lastly, supported the limb by means of a roller.

"The wound healed entirely by the first intention, excepting a space not larger than one of the original sinuses, and the patient suffered no constitutional disturbance. In two or three days he was walking about, and by the end of a fortnight the cure might be considered complete. The motion of the joint, in flexion, extension, and rotation, is not at all impaired, and there is not the slightest deformity."

74. *Case of Inflammation of the Mucous Membrane of the Stomach and Large Intestines, mistaken for Hernia, and Terminating Fatally.*—This case is related in the *London Medical Gazette* for May 16th, 1829, by P. M. HOSKINS, Esq. as "a case of ventral hernia of one of the appendices epiploicæ of the descending colon, in which was present all the symptoms of strangulation where none existed;" it was, in fact, an instance of inflammation of the mucous membrane of the stomach and large intestines, aggravated, and in all probability rendered fatal, by the repeated exhibition of irritating and active purgatives. The abuse of this class of remedies we have reason to believe is pretty common, and we are therefore induced to give the whole details of the case; and shall hereafter present some other instances, of which we have a number in our possession.

The patient was a gentleman, apparently healthy and strong, aged about sixty-two years, who had been under treatment for an affection of the eye, from which he had nearly recovered. "He had had a small ventral hernia in the left iliac region, for the last three years, but having worn a truss, it had caused him no inconvenience." "When visited this day, April 1st, we found him lying on his back in bed with great prostration of strength, very small, weak pulse, but stronger in the right than in the left wrist; his tongue was furred; the bowels had not been opened since Monday morning, which was from a draught and

pill ordered by Mr. Ware, and that produced but one motion. He had taken also last night, (Tuesday,) ext. coloc. eo. gr. x.; p. opii, gr. j. in pil. ij. and ol. ricini, ℥ss. this morning before we saw him. The preceding Saturday, he complained for the first time of sickness, and he vomited frequently during that day, but the sickness and vomiting entirely ceased on Sunday after the bowels had been properly relieved. Early on Tuesday morning the vomiting returned, and continued at intervals, until we met on Wednesday morning. He now complained of pain, when the hernia, (which was about the size of a nutmeg,) was pressed with the fingers, and he had either hiccup or vomiting of a greenish bilious-looking fluid; he had also cramps in his legs and thighs. He was ordered to take ext. coloc. eo. gr. x.; hyd. submur. gr. v.; M. in pil. ij. statim. and inf. rose, ℥vj.; magnes. sulph. ℥j. M. 4ta part. 2da q. h. a strong enema immediately, and a warm bath. 3 P. M. Mr. Vincent, Mr. Ware, and myself met. The bowels have been freely evacuated twice, but the vomiting still continues. The bath produced great prostration of strength, but no impression was made upon the rupture, although the taxis was used whilst he was in the bath. Pulse 60; very small and weak. To continue the medicines as before, and apply a blister to the scrob. cordis. 9 P. M. When we met this evening, he was much the same; the bowels had not been opened, but as they had been so freely evacuated in the morning, Mr. Vincent deferred operating, conceiving that there could be no obstruction in the alimentary canal, but that a portion of omentum might be adherent in the sac, which would account for the hiccup and vomiting continuing. 12 P. M. I visited him: the sickness had in some measure been relieved; but his bowels had not been acted upon. He was taking ext. coloc. eo. gr. x.; hyd. submur. gr. ij. M. in pil. ij. 4tis boris, and I believe some of them were retained. He complained on pressure of a little pain about the umbilicus, and hiccup.

"2d.—8 A. M. We met this morning, and found the symptoms in every respect as urgent; constipation, vomiting, hiccup, and great prostration. He had dozed a little in the night, and said he felt better. Pulse very small and weak. The cramps had left him since the bath. It was thought prudent still to defer any operation, to repeat the pills of colocynth and calomel, and to give an effervescent draught, c. unct. opii, ℥x. and to apply another blister to the abdomen. 12 noon. Dr. Roberts met us in consultation; the symptoms were much the same as in the morning, excepting that he did not vomit so frequently. The effervescent draughts were continued without the laudanum, and with the addition of magnes. sulph. ℥j. the pills every four hours, as before; and to have the following enema:—R. Ol. ricini, ℥jss.; sodæ muriat. ℥ss.; aquæ, ℥xij. M. ft. enema. 8 P. M. He had had one rather copious evacuation from the enema, and was apparently relieved. The draughts remained in the stomach some time, but he vomits occasionally. It was still considered advisable to postpone any operation, as there was no indication of stricture of the intestine. To continue the medicines prescribed last. 12 P. M. When I visited him he was much the same: no relief of symptoms.

"3d.—When we visited him this morning at 8 o'clock he was no better. The bowels had not been opened, sickness continues, and he complains of pain about the rupture. The pulse is very small and slow, with great prostration of strength. Ordered to have the enema repeated. R. Hyd. submur. ext. coloc. eo. a. gr. v. M. ft. pil. ij. 4ta. q. h. rep. Haustus c. magnes. sulph. ℥ij. hori inter pilulas mediis. To apply ten leeches to the abdomen. 3 P. M. The injection had returned almost immediately after being thrown up without any fecal matter; he had not been able to keep the pills down. There appears great distress in the countenance, and he is evidently sinking. The pain in the abdomen is somewhat better, but he still has hiccup if the rupture is pressed upon. Peristalt. 9 P. M. He has had no evacuation from the bowels and is in every respect worse. Ordered to have the following injection:—R. Inf. sennæ co. ℥j. magnes. sulph. ℥j. M. ft. enema. To take scammon. hyd. submur. 3ā. gr. iij. 4tis. horis. 12 P. M. When I visited him he at first did not know me, but soon

recollected himself. The enema had returned without fæces; the vomiting had ceased; and he complained of no pain. I thought that he would not live the night through, and left him. At 4 A. M. I was called to see him breathe his last, which he did about ten minutes after my arrival: he was quite insensible at the time.

*“ Sectio Cadaveris.*—Twenty-nine hours after death, Mr. Vincent and myself examined the body in the presence of Dr. Roberts and Mr. Ware.

“On opening the abdomen, no appearance of inflammation was visible upon the peritoneum. The rupture was found to be formed of one of the appendices epiploicæ of the descending colon, which was quite loose in the sac; there was not the slightest stricture or even discoloration of the protruded part. Two or three of the inguinal glands in the neighbourhood were very much enlarged and diseased, probably from the pressure of the truss upon them. A few inches below the hernia there appeared some inflammation, which, on opening the intestine, was found to pervade the whole mucous membrane, down to the sigmoid flexure, where a very large ulcer existed, and which had entirely destroyed the structure of the surrounding parts: this appeared to have been the cause of the pain when pressed on below the navel, although he did not complain except on pressure. The small intestines were healthy. On opening the stomach it was found inflamed on its whole surface, and several dark patches were visible, and had the appearance of the effects of chronic inflammation, and which doubtless was the cause of the constant irritation and vomiting. The liver was healthy, but the gall-bladder contained a great quantity of calculi, (about sixty in number,) of various sizes and shapes, and of a very dark colour.”

#### MIDWIFERY.

75. *Cæsarian Operation.*—Dr. J. N. ENGELTRUM of Amsterdam, has given an account\* of a female upon whom he performed the Cæsarian section in two successive labours. The first operation was completely successful; the child, a fine boy being delivered alive and the mother recovering perfectly in a few weeks, so as to resume her occupation as a washer-woman. This was in June 1824. In October of the following year, she found herself again pregnant, and on the 10th of July ensuing, Dr. Engeltrum again performed the Cæsarian section. Rather more blood was lost this time than before, though the quantity was by no means remarkable. A living female infant was removed from the womb, and the wound of the abdomen closed with stitches. She only survived till the evening after the operation; the child lived eight weeks. The death of the patient was attributed by Dr. E. to an entire atony of the womb, which did not contract in the least after the operation, leaving the wound through it quite open. On the first occasion the womb contracted immediately and firmly. The conjugate diameter of the pelvis was two and a half (Rhenish) inches.

J. D. G.

76. *Cæsarian Operation.*—Dr. BUSEN relates in *Gemeins. Deutsche Zeitschrift für Geburtshunde*, Vol. III. No. 2, 1828, the case of a woman aged forty-seven, in whom he performed this operation—the patient died.

Two cases are also related in the report of the Obstetric Clinic at Paris, for 1827–8, in which this operation was resorted to by Professor Lovati. The operation was fatal in both instances to the mothers.

77. *Expulsion of the Placenta four Months after Delivery.*—A woman was delivered in January of a dead child, in which putrefaction had commenced in dif-

\* In “Nieuwe Verhandelingen van het Genootschap ter Bevordering der Heilkunde te Amsterdam.”